
EXHIBIT 1

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

12340857

FILING DATE: MAR 18 2016 CERTIFICATE OF DEATH STATE OF MISSISSIPPI STATE FILE NUMBER: 123- 115-180965

1. DECEASED'S LEGAL NAME (Last, Middle, First): **Ricky Javonta Ball** SEX: **Male** AGE: **11:12 p.** DATE OF DEATH (Month, Day, Year): **October 16, 2015**

2. RACE (Check one or more boxes to indicate what the deceased identified himself or herself as being):
☐ White ☒ Black or African American ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Native Hawaiian ☐ Samoan ☐ Asian Indian ☐ South Asian or Indian ☐ Other (Specify):

3. PLACE OF BIRTH (Month, Day, Year): **December 3, 1988** BIRTH PLACE (State or Foreign Country): **Mississippi**

4. PLACE OF DEATH (Check only one box):
☐ If death occurred in a hospital ☒ If death occurred elsewhere (Other than a hospital)
 4a. Facility name (If not a facility, give street address, room number, or other location): **BBHGT 446** 4b. City, town or location of death: **Columbus** 4c. ZIP Code: **39705** 4d. County of death: **Lowndes**

5. DECEASED'S EDUCATION (Check the box that best describes the highest degree or level of school completed at time of death):
☐ 8th grade or less ☐ 9th - 12th grade, no diploma ☒ High school graduate or GED completed ☐ Some college, no degree ☐ American degree (e.g., AA, AS) ☐ Bachelor's degree (e.g., BA, BS, BS)

6. MARRIAGE STATUS AT TIME OF DEATH:
☐ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☒ Never married ☐ Unknown

7. SURVIVING SPOUSE (If wife, give maiden name):
 7a. Name: **Angela Ball** 7b. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No): **NO**

8. DECEASED OF HISPANIC ORIGIN? Check the box that best describes whether the deceased is Spanish Hispanic/Latino. Check "Yes" if of Spanish or not Spanish Hispanic/Latino.
☒ No, not Spanish/Hispanic/Latino ☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, other Spanish/Hispanic/Latino (Specify):

9. SOCIAL SECURITY NUMBER: **None** 10. KIND OF BUSINESS OR INDUSTRY: **None**

11. RESIDENCE - STATE: **Mississippi** 12. COUNTY: **Lowndes** 13. CITY OR TOWN: **Columbus** 14. ZIP CODE: **39701** 15. STREET AND NUMBER OR RURAL LOCATION (Include apartment number): **1418 8th Avenue North** 16. INSIDE CITY LIMITS? (Yes or No): **Yes**

17. FATHER'S NAME (Last, Middle, First): **Rickey Edwards Martin** 18. MOTHER'S NAME (Last, Middle, First): **Angela Ball**

19. INFORMANT - NAME (Type or print): **Angela Culp** 20. RELATIONSHIP TO DECEASED: **Mother** 21. MAILING ADDRESS (Street and number, City or town, State, ZIP Code): **2080 Sharon Lane Memphis, TN 38128**

22. DISPOSITION OF BODY (Specify burial, cremation, donation, etc.): **Burial** 23. CEMETERY, CREMATORY, or NAME: **Union Cemetery** 24. LOCATION (City and State): **Columbus, MS** 25. FUNERAL HOME (Specify funeral home or other place of disposition): **Carter's Funeral Home 44C** 26. FUNERAL HOME LICENSE: **FE-206** 27. MAILING ADDRESS (Street and number, City or town, State, ZIP Code): **P.O. Box 1441 Columbus, MS 39701**

28. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print): **Dr. Thomas Aycock** 29. DATE PRONOUNCED DEAD (Month, Day, Year): **October 16, 2016** 30. TIME PRONOUNCED DEAD: **11:12 p.**

31. NAME OF COUNTY AND PHYSICIAN OR CORONER (Type or print): **Greg Merchant** 32. MAILING ADDRESS (Street and number, City or town, State, ZIP Code): **P.O. Box 2342 Columbus, Ms 39704**

33. SIGNATURE OF PHYSICIAN OR CORONER (Type or print): **Greg Merchant** 34. DATE SIGNED (Month, Day, Year): **March 14, 2016** 35. TITLE: **Lowndes County Coroner**

36. CAUSE OF DEATH (PART I) - Enter the chain of events - diseases, injuries, or complications - that directly caused the death. Do not omit any significant events such as surgical intervention, shock, or heart failure without showing the etiology. List only one cause on each line. Do not use abbreviations.
 IMMEDIATE CAUSE (Final disease or condition resulting in death):
 (a) **Cardiopulmonary Arrest**
 (b) **Multiple Gunshot Wounds**
 (c) **Multiple Gunshot Wounds**
 (d) **Multiple Gunshot Wounds**

37. PART II - OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I:
 (a) **Cardiopulmonary Arrest**
 (b) **Multiple Gunshot Wounds**
 (c) **Multiple Gunshot Wounds**
 (d) **Multiple Gunshot Wounds**

38. DID TOBACCO USE CONTRIBUTE TO DEATH?
☐ Yes ☐ Possibly ☒ No ☐ Unknown

39. IF FEMALE: ☐ NOT pregnant within 1 year prior ☐ PREGNANT at time of death ☐ Not pregnant, BUT PREGNANT WITHIN 42 DAYS OF DEATH ☐ Not pregnant, BUT PREGNANT 43 DAYS TO 1 YEAR BEFORE DEATH ☐ Unknown if pregnant within the past year

40. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify): **Homicide** 41. DATE OF INJURY (Month, Day, Year): **10/16/15** 42. TIME OF INJURY: **7:00 p.** 43. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED: **Shot By Police During Altercation**

44. PLACE OF INJURY (Specify home, farm, shop, factory, office building, etc.): **City Street** 45. LOCATION: **1500 Block 22nd St. North** 46. CITY OR TOWN: **Columbus, Ms** 47. COUNTY: **Lowndes**

EXHIBIT

11/14/2016

Judy Moulder
STATE REGISTRAR

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW